

**INTER-TRIBAL COUNCIL OF MICHIGAN, INC.  
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)  
FY 2014 APPLICATION**

<b>Name:</b>		<b>Age:</b>	<b>Date:</b>
<b>Address:</b>		<b>Birthdate:</b>	<b>Social Security #:</b>
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone #:</b>

**TRIBAL MEMBER OF:**

☐ Bay Mills Indian Community      ☐ Lac Vieux Desert      ☐ Saginaw Chippewa Tribe  
☐ Hannahville Indian Community      ☐ Little Traverse Bands      ☐ Huron Potawatomi Tribe  
☐ Gun Lake Tribe

**OTHER HOUSEHOLD MEMBERS:**

Name	Age	Birthdate	Social Security #
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Have you applied for assistance this year (October 1, 2013-September 30, 2014)? Yes      No**

\*\*\*\*\*

**(For office use only)**

**INCOME: Documentation must be provided for all income.**

Name	Income Source Code	Past 30 Days Income	X 12 = Annualized Income

**INCOME SOURCE CODES: (Please Circle)**

- |        |          |                       |                    |                 |
|--------|----------|-----------------------|--------------------|-----------------|
| 1. SS  | 2. Wages | 3. SSI                | 4. Self Employment | 5. Unemployment |
| 6. DHS | 7. GA    | 8. Pension/Retirement | 9. Other _____     |                 |

Are any household members disabled? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ If you rent, is heat included? \_\_\_\_\_

What types of fuel do you use to heat your home? Check all that apply.

1. Oil \_\_\_\_\_ 3. Natural Gas \_\_\_\_\_ 5. Electric \_\_\_\_\_ 7. Other \_\_\_\_\_

2. Wood \_\_\_\_\_ 4. Propane \_\_\_\_\_ 6. Coal \_\_\_\_\_

\*\*\*\*\*

**YOU MUST PUT ACCOUNT NUMBER AND VENDORS ADDRESS. A CHECK WILL BE SENT DIRECTLY TO THE VENDOR.**

What vendor do you want as the Endorser? \_\_\_\_\_

Address: \_\_\_\_\_

Acct.#: \_\_\_\_\_

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\*I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.

\*I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.

\*I understand that failure to provide all necessary information and documentation can result in denial of my application.

\*I hereby authorize the release of information by the appropriate agencies to the Inter-Tribal Council of Mich. for the purpose of verifying information needed to establish eligibility for the program.

\*I understand that I may request a hearing if I disagree with action taken on this application.

\*I understand that I have a right to a hearing if I do not receive a decision notice within that time.

\*I understand that there is no guaranteed payment towards my bill until my application has been approved and a decision notice sent to me.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LIEAP WORKER SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\*

**REFERRALS:** Your household may be eligible to receive assistance through the following list of programs offered by your local DHS, Community Action Agency, and/or utility company.

**Contact them for more information on:**

-Weatherization

- Emergency Needs

- Utility Shut-off Protection

- Home Heating Tax Credit

- Energy Audit

**\*I understand that a decision will be made concerning my application, and a decision notice will be issued within ten (10) working days upon receipt of application by Program Manager.**